

<b>Case Number:</b>	CM15-0019510		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	12/20/2013
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year old female, who sustained an industrial injury on 12/20/2013. The diagnoses have included lumbar disc herniation, lumbosacral ligament sprain, facet syndrome of lumbar spine, and lumbar spondylosis. Noted treatments to date have included physical therapy, cognitive behavioral therapy, and medications. Diagnostics to date have included x-rays of the lumbosacral spine on 01/28/2014 which showed normal height and alignment of vertebral bodies, no significant degenerative changes noted, and no soft tissue abnormality identified. In a progress note dated 12/30/2014, the injured worker presented with complaints of bilateral low back pain and discomfort. The treating physician reported that the back pain persists. Utilization Review determination on 01/12/2015 non-certified the request for Evaluation for PGAP (Progressive Goal Attainment Program) Program citing Medical Treatment Utilization Schedule Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Evaluation for PGAP program:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 30-33.

**Decision rationale:** MTUS Guidelines recommend pre-admission evaluations prior to entrance in a functional restoration/chronic pain program. This program is group oriented and consistent with best practices for functional restoration and improving quality of life issues in individuals with chronic pain. Guidelines support the requested evaluation for the PGAP program, it is medically necessary.